

## EXPORT-IMPORT BANK OF THE UNITED STATES

### NOTIFICATION AND ASSIGNMENT BY INSURED TO FINANCIAL INSTITUTION OF **MEDIUM TERM** EXPORT CREDIT INSURANCE **POLICY**

Date: \_\_\_\_\_, \_\_\_\_\_

The undersigned Insured hereby notifies the Export-Import Bank of the United States (Ex-Im Bank) that, in accordance with the information contained herein, it has assigned Policy Number \_\_\_\_\_ to the financial institution named below.

This Notification and Assignment relates to all transactions covered by the policy.

This Notification and Assignment is subject to the conditions set forth on the back of this form, and execution by the Assignee and the Insured constitute their acceptance of these conditions.

_____ Name of <b>Assignee</b>	_____ <b>Insured</b> Name (as specified in the Declarations)
_____ Assignee Address	_____ Insured Address
_____ Signature of Officer	_____ Signature of Officer
_____ Name (Print or Type)	_____ Name (Print or Type)
_____ Title and Date Signed	_____ Title and Date Signed

☐ Please list us in the Ex-Im Bank Lender Referral List as a potential assignee using the following name and telephone #: \_\_\_\_\_

The above notification is hereby acknowledged for **Export-Import Bank of the United States**

By: \_\_\_\_\_ Date: \_\_\_\_\_

(Printed Name and Title)

Name of **Broker**:  
**Broker No.:**

PLEASE SUBMIT **FOUR** SIGNED ORIGINALS

EXECUTED ORIGINALS WILL BE PROVIDED TO THE ASSIGNEE, INSURED, AND BROKER.

## Conditions

- A. The Assignee agrees that:
- 1.subject to condition C. below, this Notification and Assignment effects an assignment of the policy and gives the Assignee all rights of the Insured under the referenced policy; and
  - 2.the Assignee assumes all duties and obligations of the Insured, except as set forth in the Financial Institution Assignment Endorsement and exporter certificate; and
  - 3.this Notification and Assignment is not a waiver of any policy terms and conditions.
- B. The Insured agrees that its execution of this Notification and Assignment authorizes Ex-Im Bank:
- 1.to release to the Assignee all information and records relating to the referenced policy and claims; and
  - 2.henceforward to make all claim payments under this policy by check forwarded to the Assignee, made payable to the order of the Assignee.
- C. The Assignee and the Insured agree that:
- 1.this Notification and Assignment is not valid and does not bind Ex-Im Bank until the approval of Ex-Im Bank thereto is given; and
  - 2.all references in the policy, as amended by the Financial Institution Assignment Endorsement, to the "Insured" shall be construed to refer to the Assignee; and
  - 3.upon approval of Ex-Im Bank of this assignment, the Financial Institution Assignment Endorsement shall become effective.

## **WHO TO CONTACT:**

Please send or ask your insurance agent or broker to submit this completed form to:

**EXPORT-IMPORT BANK OF THE U.S. INSURANCE DIVISION**  
**811 VERMONT AVENUE, NW, WASHINGTON, DC 20571**  
**Tel (202) 565-3630 or 1-800-565-EXIM, Fax (202) 565-3675, Internet <http://www.exim.gov>**